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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/500,683			ing Date 02/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN
	FOR		NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		ı	N/A		1	N/A	
EXAMINATION FEE (37 CFR 1,16(o), (p), or (q))			N/A		N/A			N/A			N/A	
TOTAL CLAIMS (37 CFR 1.16(i))			20 minus 20 =				П	x s =		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			5 minus 3 =		•		ı	X \$ =		1	X \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE is	If the specification and dr sheets of paper, the appli is \$250 (\$125 for small er additional 50 sheets or fro 35 U.S.C. 41(a)(1)(G) and			n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	11/13/2012	CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 20	Minus	20		-	П	x s =		OR	x s =	
	Independent (37 CFR 1,16(h))	• 5	Minus	5			П	x \$ =		OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))											
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAININ AFTER AMENDMEN		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(1))		Minus	:		-	П	x s =		OR	x s =	
	Independent (37 CFR 1 16(h))		Minus	*		-	П	X \$ =		OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))						П]		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))						ı			OR		
* If the entry in column 1 is less than the entry in column 2 write 10° in column 2								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry is column 1 is less than the entry in column 2, write 0"in column 3. Legal Instrument Examiner: "If the "Highest Number Perviously Paid For M THIS SPACE is less than 30, enter "20". "If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3". "If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3". "If the "Highest Number Perviously Paid For M THIS SPACE is less than 3, enter "3".												

This collection of Information is equiend by 37 CFR 1.16. The information is equiend to obtain or retain a benefit by the public within it is to file (and by the USRTO to process) an application Confidentiality is governed by 38 USs 1.6. 22 and 37 CFR 1.4. This recibited in estimated to their bet 2 minutes to complete, enough equiends on the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the smooth of time you require to complete the form and/or supposeints for reducing this burden, shadout does ento the Cell fel information Office. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.